

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>CG1661195</i>		FILING DATE	
CLAIMS							APPLICANT(S)			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						51			
2	/						52			
3	/						53			
4	2						54			
5	0						55			
6	0						56			
7	3						57			
8	0						58			
9	0						59			
10	0						60			
11	0						61			
12	0						62			
13	0						63			
14	0						64			
15	/						65			
16	/						66			
17	/						67			
18	2						68			
19	3						69			
20	3						70			
21	3						71			
22	3						72			
23	3						73			
24	3						74			
25	3						75			
26	0						76			
27	0						77			
28	0						78			
29	/						79			
30	/						80			
31	/						81			
32	0						82			
33	3						83			
34	3						84			
35	3						85			
36	3						86			
37	3						87			
38	3						88			
39	3						89			
40	0						90			
41	0						91			
42	0						92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3						TOTAL IND.			
TOTAL DEP.	69	↔	↔	↔			TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS	73						TOTAL CLAIMS			